11030692631

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2011 DEFIGURES ON AM IN: 25

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5EC MAI	CENTER
LAPAU LEADS	ERSHIP PAC	4	<u> </u>	
ADDRESS (number and street)	733 15TH	STREET, NW	#1905	
(Check if address			1	
is changed)	WASHINGTO	· N	DC 2000	25-LII
		CITY	STATE Z	IP CODE
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only one	e-mail address)		
(Check if address	Knoularte	2,1,4,9,-19,5,0,4	PC.O.M	
is changed)				
COMMITTEE'S WEB PAGE ADI	DRESS (URL)			
(Check if address				
is changed)			1111111	
2. DATE	District STREET			
3. FEC IDENTIFICATION N	· · · · · · · · · · · · · · · · · · ·	gaaaganeesaa oo soogaaag (kook sooga Doordoordoo sobrashii oo lii ahaad		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	nis Statement and to the bes	st of my knowledge and belief	it is true, correct and comp	lete.
Type or Print Name of Treasure	Vincent A	t. Eng		
Type or Print Name of Treasure Signature of Treasurer	1:1 4	•	· (ן אר אראי אין <i>א</i> וויס
Signature of Treasurer	N= 4. Of		Date	A CONTRACTOR OF THE CONTRACTOR
NOTE: Submission of false, errone	•	n may subject the person signing	·	es of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	sion	FORM 1 sed 02/2009)

5.

		COMMITTEE					
(a)	1-5	This committee is a principal campaign committee. (Complete the candidate information below.)					
(b)	11 1 41	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name Cand							
Cand Party	idate Affiliati	Office State					
(c)	17 1 1 1	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Cand							
Part	y Con	nmittee:					
(d)	r: 4 1 : Usaji	This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party.					
Poli		ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:					
		Corporation Corporation w/o Capital Stock Labor Organization					
		Membership Organization Trade Association Cooperative					
		In addition, this committee is a Lobbyist/Registrant PAC.					
(f)	X	This committee supports/opposos more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
	t Func	draising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.					
(h)	Level	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
	Com	nmittees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.	FEC ID number C					

Write or Type Committee Name	HOERSHIP PAC
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor
JUDY CHU	
Mailing Address	1100 6TH STREET SW A9T110
	WASHINGTON DC 20024-
	CITY STATE ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Juliont Fundraising Representative Leadership PAC Sponsor
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number optional) and position of the person in possession of committee
Full Name	BERLY GOULDART
Mailing Address	11.33 15.TH STREET MW #905
	W.A.S.H.1.NG.TON. DC [2,0,0,05]-
Title or Position	CITY STATE ZIP CODE
PAL MANAG	EL Telephone number 2P2-499-7027
8. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).
Full Name of Treasurer	CRINTI ENG
Mailing Address	733 15TH STREET NW #905
	CITY STATE ZIP CODE
Title or Position TREASURER	Telephone number 26,2-4,99-2027

120 1011	1 1 (1.1041000 0272000)		1 ugo 1		
Full Name of Designated Agent	KIMBERLY S. GOULLART				
Mailing Address	133 IFTH STREET N	N #905			
		11111			
	WASHINGTON	DO	20005		
Title or Position	CITY	STATE	ZIP CODE		
	THE ASULER Telephone	number 2	2-1499-17037		
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.					
	PNG				
Mailing Address	MIDIOI ISTH STREET N	(W			
		1-1-1-1-1			
	WASHING TON	DO	20005-		
	CITY	STATE	ZIP CODE		
Name of Bank, I	Depository, etc.				
		1 1 1 1 1	<u> </u>		
Mailing Address		<u> </u>			
		<u> </u>			
			<u> </u>		
	CITY	STATE	ZIP CODE		
					

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.				
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USPS First Class Mail	Postmarked			
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USPS Express Mail	Postmarked			
Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify): Food EXP	Shipping Date リントン/リ			
Next Business	Day Delivery			
Received from House Records & Registration Office	Date of Receipt			
Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	ceipt or Postmarked			
Imb	12/5/1			
PREPARER (3/2005)	DATE PREPARED			
Date of Rec				
	DATE PREPARED			